

Wisconsin Well Woman Program  
Companion Document to HIPAA  
Implementation Guide:  
X12 835 Health Care Claim  
Payment/Advice

## **Companion Document Audience**

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **Purpose of Companion Documents**

The information contained in this companion document applies to the Wisconsin Well Woman Program (WWWP).

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide guidelines for providers to create HIPAA transactions for WWWP; they also explain how WWWP creates HIPAA transactions for providers. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the WWWP-specific information required to successfully exchange transactions electronically with WWWP.

Companion documents highlight the data elements significant to the Wisconsin Well Woman Program. For transactions created by the program, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how WWWP processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

## **VERSION 2 REVISION LOG**

Companion Document: 835

Approved: mm/dd/yy (Date)

Modified by: AMS

<b><u>Loop/Segment Revised</u></b>	<b><u>Page(s) Revised</u></b>	<b><u>Text Revised</u></b>
<u>2110/DTM01</u>	<u>7</u>	<u>DTM segment missing from initial companion document. This segment has been added to the companion document.</u>
<u>None/PLB01</u>	<u>9</u>	<u>PLB01 segment missing from initial companion document. This segment has been added to the companion document.</u>

### X12 835 Health Care Claim Payment/Advice

Loop	Element	Name	Instructions
None	ISA06	Interchange sender ID	This element is populated with "WISC_DHFS."
None	ISA08	Interchange receiver ID	This element is the eight-digit numeric vendor number assigned by WWWP.
None	GS02	Application sender's code	This element is populated with "WISC_WWWP."
None	GS03	Application receiver's code	This element is the eight-digit numeric vendor number assigned by WWWP.
None	BPR01	Transaction handle code	This element is populated with "I," indicating that the 835 is sent separately from the check.
None	BPR02	Total actual provider payment amount	This is the total amount of the check.
None	BPR04	Payment method	This element is populated with "CHK," indicating that a check is being sent.
None	BPR16	Check issue date	This is the date of process.
None	TRN02	Check number	This is the check number. If there is no check number, WWWP populates this element with zeros.
None	TRN03	Payer identification	This is the number "1" followed by the WWWP tax identification number.
None	REF02	Reference identification	This is the vendor number.
1000A	N102	Payer name	This is the name of the payer, Wisconsin Well Woman Program.
1000A	N104	Payer identification	This field is spaces until a National Payer Identification (NPI) number is assigned.
1000A	N301	Payer address line	This is the address of the payer, 6406 Bridge Road.
1000A	N401	Payer city name	This is the city of the payer, Madison.
1000A	N402	Payer state code	This is the state of the payer, Wisconsin.
1000A	N403	Payer postal zone or ZIP code	This is the ZIP code of the payer, 53713.
1000B	N102	Payee name	This is the billing provider's name.

Loop	Element	Name	Instructions
1000B	N104	Payee identification code	This is the billing provider's tax identification number.
1000B	N301	Payee address line	This is the address of the billing provider.
1000B	N401	Payee city name	This is the city of the billing provider.
1000B	N402	Payee state code	This is the state of the billing provider.
1000B	N403	Payee postal zone or ZIP code	This is the ZIP code of the billing provider.
1000B	REF	Payee additional identification	This segment is populated if the billing provider's Medicare identification or Medicaid identification was submitted on the claim.
1000B	REF01	Reference identification qualifier	This element is PQ, indicating that the next element is the payee identification number.
1000B	REF02	Additional payee identifier	This element is the payee identification number.
2100	CLP02	Claim status code	This element is one of the following: <ul style="list-style-type: none"> <li>• 1 – Processed as primary.</li> <li>• 2 – Processed as secondary.</li> <li>• 4 – Denied.</li> <li>• 22 – Reversal of previous payment.</li> </ul>
2100	CLP06	Claim filing indicator	This element always contains "OF," indicating that Medicaid processed this claim.
2100	CLP07	Payer claim control number	This is the Internal Control Number (ICN) as assigned by WWWP for this claim.
2100	CAS01	Claim adjustment group code	This is the general category for the adjustment. It will be one of the following: <ul style="list-style-type: none"> <li>• CO – Contractual obligation</li> <li>• CR – Correction and Reversals</li> </ul>
2100	CAS02	Claim adjustment reason code	This is the reason for the adjustment. If an adjustment at the claim header

Loop	Element	Name	Instructions
			is present, it will be 23 – Payment adjusted because charges have been paid by another payer.
2100	NM1	Patient name	This is the recipient's information as submitted on the claim.
2100	NM108	Identification code qualifier	This element is populated with "MI" indicating that the next is the member identification number.
2100	NM109	Identification code	This is the recipient's WWWP recipient identification as submitted on the claim.
2100	NM1	Service provider name	This segment is populated if performing provider information was submitted on the claim.
2100	NM108	Identification code qualifier	This element is "FI," indicating that the next element is the performing provider's federal taxpayer's identification number.
2100	NM109	Rendering provider number	This is the performing provider's federal taxpayer's identification number as submitted on the claim.
2100	REF	Other claim related identification	This segment is populated if medical record number (MRN) is known.
2100	REF01	Reference identification qualifier	This element is populated with EA Indicating that the next element is the medical record number (MRN).
2100	AMT	Claim supplemental information	This segment is populated with the allowed amount.
2100	AMT01	Amount qualifier code	This element is populated with AU, indicating that the next element is the claim total allowed amount.

Loop	Element	Name	Instructions
2110	SVC01 - 1	Product/Service ID Qualifier	<p>This is the code identifying the type/source of the descriptive number used in the product/service ID. It will be one of the following:</p> <ul style="list-style-type: none"> <li>• HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</li> <li>• ZZ – Mutually Defined or non-HCPCS code</li> </ul>
2110	SVC02	Line item charge amount	This is the billed amount from the claim.
<u>2110</u>	<u>DTM01</u>	<u>Date/Time Qualifier</u>	<p><u>This is the code identifying the type of date or time. It will be one of the following:</u></p> <ul style="list-style-type: none"> <li>• <u>150 – Service Period Start</u></li> <li>• <u>151 – Service Period End</u></li> <li>• <u>472 – Service</u></li> </ul> <p><u>Note: 150 and 151 are used for multi-day services. 472 is used code to indicate a single day service. 472 is also used when from and to dates of service are identical.</u></p>
2110	CAS01	Claim adjustment group code	<p>This is the reason for the adjustment. It will be one of the following:</p> <ul style="list-style-type: none"> <li>• CO – Contractual obligation</li> <li>• CR – Correction and Reversals</li> </ul>
2110	CAS02	Claim adjustment reason code	<p>This code identifies the detailed reason the adjustment was made. The following reason codes are populated with any one of the following HIPAA reason codes based on the highest severity (listed here as highest to lowest severity):</p> <ul style="list-style-type: none"> <li>• 125 – Payment adjusted due to submission/billing errors.</li> <li>• 135 – Claim denied. Interim bills cannot be processed.</li> </ul>

Loop	Element	Name	Instructions
			<ul style="list-style-type: none"> <li>• A1 – Claim denied charges.</li> <li>• 96 – Non-covered charges.</li> <li>• B18 – Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.</li> <li>• 18 – Duplicate claim/service.</li> <li>• 47 – This (these) diagnosis(es) is (are) not covered, missing or invalid.</li> <li>• 110 – Billing Date predates service date.</li> <li>• B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.</li> <li>• 31 – Claim denied as patient cannot be identified as our insured.</li> <li>• 57 – Payment denied/reduced because the payer deems the information submitted does not support this level of service.</li> <li>• 146 – Payment denied because the diagnosis was invalid for the date(s) of service reported.</li> <li>• 16 – Claim/service lacks information which is need for adjudication.</li> <li>• 42 – Charges exceed our fee schedule or maximum allowed amount.</li> </ul>
2110	REF	Service identification	This segment is populated if provider control number/line item control number is known.
2110	REF01	Reference identification qualifier	This element is populated with 6R – indicating that the next element is the provider control number/line item control number submitted on the 837.
2110	REF	Rendering provider information	This segment is populated if a provider's WWWP identification number or the federal taxpayer's identification number is known.



Loop	Element	Name	Instructions
2110	REF01	Reference identification qualifier	<p>This element is populated with any of the following:</p> <ul style="list-style-type: none"> <li>• 1D – Indicating that the next element is the provider's WWWP identification number.</li> <li>• TJ – Indicating that the next element is the federal taxpayer's identification number.</li> </ul>
2110	AMT	Service supplemental amount	This segment is populated with detail allowed amount.
2110	AMT01	Amount qualifier code	This element is populated with "B6."
<u>None</u>	<u>PLB01</u>	<u>Reference Information</u>	<u>This is the Medicaid provider number.</u>
None	PLB02	Fiscal period date	This date is December 31 <sup>st</sup> of the current year.
None	SE02	Transaction set control number	This is the Remittance and Status number.